



Residency and Fellowship Showcase Reservation Form

Send completed form and payment to:
 California Society of Health-System Pharmacists
 1314 H Street, Suite 200, Sacramento, CA 95814
 Phone: (916) 447-1033 Fax: (916) 447-2396 Email: seminar@cshp.org

In Order To Validate This Contract:

1. Mail this along with complete payment by August 1, 2009
2. Exhibitor understands and agrees to method for allocating space
3. Exhibitor understands that this application becomes a contract when signed by a company representative and accepted by CSHP

Booth numbers in order of preference:

Company Name (as you wish it to appear in Seminar Materials):

Contact Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Fax: _____

Email: _____

Website: _____

Payment Method:

Please enclose a check made payable to:
 California Society of Health-System Pharmacists, CSHP
 Tax ID#: 94-6252725

OR

Provide payment information for one of the following:

VISA MC AMEX DISCOVER

Amount \$ _____

Card #: _____

Expiration Date: _____

Name on Card: _____

Showcase Hours:

Friday, October 2: 2:30pm – 5:00pm

Saturday, October 3: 10:00am – 12:30pm

Exhibitor Fees

Package includes: 10x10 booth, 6' table, sign, and cork board

Friday Showcase \$650

Saturday Showcase \$650

Both Sessions \$1,000

Other Fees

Additional 6' Table \$100

Electrical Outlet \$125

I understand that my space comes with a 6' table and cork board. I will **not** need:

6' Table

Cork Board

Exhibitor Kits will be delivered to all exhibitors prior to Seminar 2009. The kit will contain information on shipping and any additional equipment.

Residency and Fellowship Showcase exhibitors **must be registered for Seminar 2009.**

By signing and submitting this application, I acknowledge that this document serves as a contract between my institution and the California Society of Health-System Pharmacists.

PRINT NAME _____

TITLE _____

SIGNATURE: _____

DATE _____

PLEASE MAKE A COPY FOR YOUR RECORDS